

ISSUE SLIP STAPLE AREA (for additional cross references)

F	TION	INITIALS	ID NO.	DATE
FEE DETERMINATION				
O.I.P.E. CLASSIFIER				
FORMALITY REVIEW				
RESPONSE FORMALITY REVIEW				

# INDEX OF CLAIMS

✓ Rejected N Non-elected  
 = Allowed I Interference  
 (Through numeral) Canceled A Appeal  
 + Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	1	51	101	101	101
2	2	52	102	102	102
3	3	53	103	103	103
4	4	54	104	104	104
5	5	55	105	105	105
6	6	56	106	106	106
7	7	57	107	107	107
8	8	58	108	108	108
9	9	59	109	109	109
10	10	60	110	110	110
11	11	61	111	111	111
12	12	62	112	112	112
13	13	63	113	113	113
14	14	64	114	114	114
15	15	65	115	115	115
16	16	66	116	116	116
17	17	67	117	117	117
18	18	68	118	118	118
19	19	69	119	119	119
20	20	70	120	120	120
21	21	71	121	121	121
22	22	72	122	122	122
23	23	73	123	123	123
24	24	74	124	124	124
25	25	75	125	125	125
26	26	76	126	126	126
27	27	77	127	127	127
28	28	78	128	128	128
29	29	79	129	129	129
30	30	80	130	130	130
31	31	81	131	131	131
32	32	82	132	132	132
33	33	83	133	133	133
34	34	84	134	134	134
35	35	85	135	135	135
36	36	86	136	136	136
37	37	87	137	137	137
38	38	88	138	138	138
39	39	89	139	139	139
40	40	90	140	140	140
41	41	91	141	141	141
42	42	92	142	142	142
43	43	93	143	143	143
44	44	94	144	144	144
45	45	95	145	145	145
46	46	96	146	146	146
47	47	97	147	147	147
48	48	98	148	148	148
49	49	99	149	149	149
50	50	100	150	150	150

If more than 150 claims or 10 actions  
staple additional sheet here

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